

SERIAL NO. 09/602,840	FILING DATE
APPLICANT(S)	

APPLICANT(S)

FILING DATE

## CLAIMS

10	29	04	*
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12

[illegible]

	IND.	DEP.	IND.	DEP.	IND.	DEP.
73	/					
74						
75						
76						
77						
78		/				
79		/				
80						
81						
82						
83						
84		/				
85						
86		/				
87						
88		/				
89		/				
90		/				
91		/				
92						
93						
94						
95		/				
96		/				
97						
98	/					
99		/				
100		/				
TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/602,840

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/					151						
102		/					152						
103		/					153						
104		/					154						
105		/					155						
106		/					156						
107		/					157						
108		/					158						
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145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.	0						TOTAL IND.						
TOTAL DEP.	10						TOTAL DEP.						
TOTAL CLAIMS	10						TOTAL CLAIMS						